

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNĀ."

· SATURDAY, JULY 28, 1883.

Original.

CHOLERA. WHAT IS IT?

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University of Louisville.*

This potential word exercises a very strange power over the human mind. Nations stand affrighted at the utterance of the word. The lessons of experience are forgotten, the indubitable facts upon which all truth stands become nugatory in the frenzied excitement of the mind, and people fail to treasure up observations that would prove valuable if brought into action at the proper time. To recall the lessons of history, to teach the records of nature, to show that when she is heeded her revelations are always beneficent, and when neglected that she exacts a fearful penalty, is the object of this paper. There can be no motive to utter aught but the truth, the whole truth, and nothing but the truth. He that is indifferent to these requirements is unworthy of any place in society or any position in the ranks of the medical profession. The office of that profession is to allay unnecessary fears, to calm the public mind, and to conduct it into avenues of safety and to preserve it in health.

Cholera is always a manifestation of a local condition inimical to health and safety. It never showed itself in any spot on the face of the earth except in obedience to this local condition, and wherever the condition exists, no matter where, the disease will infallibly manifest itself. Why did cholera manifest itself in the army of the Marquis of Hastings in 1817? Because it was encamped on the marshy banks of Scind, in tropical weather, where vegetable decomposition was in a fit condition to produce the fatal poison. The pestilence

was fearful in that portion of the army near the focal point; that portion of the army encamped away from the river was perfectly healthy, and remained in that condition. The army was ordered to leave the seat of pestilence, and was marched to the hills, where the pestilence ceased. It could be tracked by the skeletons it dropped in its journey to the hills. When the army was in reach of the cause, the pestilence raged fearfully; when it reached the hills, there being no cause for pestilence there, sickness ceased, thus vindicating the fact that the intelligent authorities knew the nature of that cause, which when present caused the havoc, which when modified modified the disease, and which when absent prevented its ravages. If, with the eyes of our reason we were to survey all such outbreaks we should invariably find the local circumstances that cause them.

Dr. Farr, the Registrar-General of England, looked upon the developments of the disease over a wide-spread area. He looked with the eyes of a philosophic master. He observed with the desire to find the truth, and he endeavored to proclaim that truth with all the clearness in which it presented itself to him. He said, "Cholera is a health inspector whose decrees are infallible, whose requirements are inexorable."

Professor Charles Caldwell, whose medical sagacity was often almost intuitive, said, "Cholera, though a fatal scourge to the world, will, through the wise and beneficent dispensation under which we live, be productive of consequences favorable alike to science and humanity. Besides being instrumental in throwing much light on the practice of physic, it will prove highly influential in extinguishing the belief in pestilential contagion and bringing into disrepute the quarantine and sanitary establishments that have hitherto existed."

There are occasionally gleams of hope in

the utterances of leading members of the medical profession, that foolish chimeras, jejune statements and inanities on the great scourge of the world will cease their warfare against reason, fact, and truth, and permit a ripened, clear and matured judgment to exercise its sway over this vital matter of public concern.

In 1848, the British and Foreign Medical Review contained an able and philosophical examination of an immense number of facts connected with the features of cholera, as displayed over a vast extent of the earth's surface. After reviewing these facts the writer closes with these consolatory reflections: "The true philosophy of medicine is the knowledge of the causes of disease, or, if these causes be too subtle and refined for our gross senses, it is the knowledge of the several conditions external or internal to the body which give those causes power. In the future history of medicine we shall see men returning to the principles promulgated by its earliest founders. They will perceive that the treatment of the fully formed disease is at the same time the most difficult and the least useful part of this noble profession. They will learn to arrest the evil at the fountain-head, and not to dam the current swollen by a thousand tributaries. And if the principles which we have analyzed in this article be correct, it will not be the least triumph of this philosophy that it has indicated the true mode in which the great epidemic of our time can be most easily and most effectually controlled. It bars out the disease, not with quarantines and cordon sanitaires, but with a cleanly people and uncontaminated air. *The evil which springs from the bosom of nature only needs for its removal an observance of the rules which nature herself reveals.*" The italics are ours.

There are a vast number of prelections upon the contaminations of drinking-water as the cause of enteric fever, contaminations which even the mighty powers of the earth can not remove, according to the assertions of some of the whimsical philosophers who advocate the guess-work involved. But if drinking-water thus becomes contaminated, why may not the air become impure by admixtures of noxious agents? We know that these noxious agents do thus act, because we have many records of men who undertook to plow fields in hot weather—and slept in these fields—every one of whom was found dead next morning. Occurrences similar to this have often taken place in the

Campagni di Roma. In that region of verdure called the Maremma di Lucca, in Tuscany, extending from Florence to the shores of the Mediterranean, we know that for centuries the inhabitants never lived at home from the first of July, until October, sometimes November, with their frosts put an end to the reign of the poison. This evil has ceased, through the control exercised by an exact knowledge of the character of the conditions from which the poison derived its potency. We shall recur to this again while on this subject.

I am often asked whether certain cases of cholera are instances of the Asiatic variety. I answer, no; they are home-productions, precisely as cases of intermittent fever are. Asia produces intermittent fever analogous to our forms of the fever. The cases which occur in Asia are Asiatic; those that take place in this country are home-productions, or cases of American intermittent fever. The two forms are precisely alike in origin, paroxysms, and termination. In a similar way those cases of cholera that occur in Asia are Asiatic; those which we have in America are cases of American cholera. The features of the one are alike in every thing to those in the other. In Asia some cases die in an hour after the first symptom shows itself; such cases occur here. In Asia many fatal cases have neither vomiting nor purging; many such cases have been seen here. In all attacks of cholera in Asia there is a total suppression of every secretion, of every nutritive force, of every thing like the circulation of the blood. These are equivalent to death. Precisely similar phenomena are found in every endemic of cholera in Louisville. In these conditions of the forces of animal life, in the cases that appear in Asia, the brain towers aloft serenely, and is often mischievous in its trickery. It is often astonishing, when the flitting shadows of life are about sinking from view, to see the calm, self-possessed, clear and active state of the mind in choleraic patients. That which is the rule in Asiatic cases is equally present in Louisville attacks. There is not a single sign of the disease in Asia that is not conspicuous in the seizures in Louisville. There is not the shadow of difference in the character of the attacks, whether one set are in Asia and the other in Louisville. An attack of intermittent fever is precisely the same as an attack of that disease in Louisville. Why should one be called Bothnia fever, the other Louisville fever.

In Asia there are large regions among the places devastated with cholera that have never had a case of the disease in them. One village may be severely visited one season; another village in the immediate vicinity of it, having intimate intercourse with the afflicted one, has never had a case of disease among its inhabitants. That is precisely the history of the disease in the United States. How is it that Sundeep in the sunderbunds along the Bay of Bengal always escaped from cholera, while the ravages around it were deadful. The escape was not due to the want of intercourse.

Kristofsky, near St. Petersburg, was perfectly free from the disease while St. Petersburg was severely ravaged, and there was constant intercourse between the two places. Vienna suffered severely from cholera; it raged around the Faubourg Leopoldstadt at Vienna, but this Faubourg escaped. The intercourse between this and the ravaged parts of Vienna was constant.

In 1833, Lexington, Ky., was very severely ravaged with cholera—more than one half the population of Lexington fled from it. They did not carry the disease nor spread it. The intercourse between Lexington and Versailles was very intimate, daily interchanges of visits took place, but there was not a case in Versailles.

Then, again, "The testimony is conclusive that the German villages of Galicia have always been spared; this exemption is due to their cleanliness, but many places around these villages that were noted for their insanitary condition the disease ravaged severely. The town of Sarepta, noted for its thorough cleanliness, has always escaped a visitation of cholera, while neighboring places, not conspicuous for cleanliness, suffered from its fatal ravages. In Hindostan the natives universally noticed that villages very unhealthy and exposed to the exhalations from marshes, rivers, and lakes, were sure to suffer; while other places in different conditions entirely escaped. Mr. Jameson, who gathered these facts on a large scale, had his attention called to this feature by noticing the towns of Muttra and Agra. Muttra, often spelled Mathura, is a very filthy, crowded town. Although it was forty miles nearer the line of cholera than Agra, the latter being dry and airy, Muttra was fatally assailed while Agra was scarcely touched. Jameson says these facts are true about the whole of India. It was often noticed in India that the wives of soldiers, twenty-three out of one

hundred and fifty-nine dying with cholera, while among forty-two ladies in the barracks there was not a single case. These then are the testimonies of India on this subject. Surely those who are affected with an Asiatic mania, whenever cholera is mentioned, can afford to listen to these potent voices from Asia.

Before leaving Asia I beg leave to call attention to important facts connected with a celebrated spot in India. It has important features that are very instructive, and to which we can not give too much heed. In the midst of an immense granitic plain an immense granite rock shoots up five hundred feet. Upon the summit of this rock the British determined to erect a fort, because of its commanding position. There were no springs nor streams there to supply it with water. The engineers had capacious cisterns cut in the granite, and relied upon rain-water for the garrison. The fort was called Fort Bellary. It soon became notorious for the ravages of cholera. It is the only place in the world that was known to have cholera annually. It was very fatal. The garrison was composed of infantry, cavalry, and artillery, and the hillsides were well covered with the graves of these members of the force. It was noticed that while cholera ravaged the fort annually, no case had ever occurred in the Bazar in the plain near the foot of the hill.

When McGregor became Medical Director of the British forces in India, he determined to make a personal inspection of Fort Bellary. It was high time that some one should do this. He went to the scene of these annual ravages, and speedily unveiled the mystery. He found immense masses of decaying vegetable matter about the water-tanks, where the horses were fed and watered. He ordered the immediate removal of this mass, and provided for thorough drainage so as to cut off the supply of moisture. He instituted proper measures for feeding and watering the animals, and required that due attention should be paid to daily cleanliness. From that time down to the present, through a period of over thirty years, there has never been a case of cholera at Fort Bellary. In all cases, if we change a place, that has had cholera, into the exact similitude of a place that never had a case, we acquit ourselves of a public duty under the guidance of a supreme wisdom, and we then feel that our labors are not vain. Since Medical Director McGregor performed this duty at Fort

Bellary, no mortal has ever been able to make cholera "travel" to Fort Bellary, nor to "travel" from it. McGregor struck it a deadly blow, and at Fort Bellary it has been a nonentity ever since. This was a medical duty recognized and effectively performed.

The question naturally springs up and demands an answer, Have such results followed similiar labors elsewhere besides Fort Bellary? We do not know an instance to the contrary. We have been intimate with such scenes for nearly fifty-one years, and in that extensive experience we have never known a spot visited by cholera, the condition of which was so changed as to resemble places that never had a case of the disease, in which it ever appeared again. There is no more reason to apprehend that cholera can again attack Market Street between Tenth and Eleventh streets, than we have to apprehend any other impossibility. No one feels any more fear that it can again attack both sides of Jefferson Street, beginning at the corner of Jackson Street, as it did in 1850, than that it can sweep the Galt House or Louisville Hotel clear of inhabitants. No effect can come without a cause. When a cause is absent, the effect can not appear. No one has any uneasiness that it may again show itself on the corner of Ninth and Jefferson and ravage nearly up to Eighth Street, as it did in 1832. There are many hundreds of squares in Louisville that never have had a case of cholera in them. It is perfectly reasonable to feel sure that if we put every square in the city in the condition that those were in when cholera failed to attack them, we shall shut it out completely. This seems as plain to us as that twice four make eight. Many places here that had a cholera visitation in 1832 never have had a case since. Spots that had a visitation in 1833, and were changed, never have been afflicted with cholera since, nor any thing akin to it down to this moment.

We shall record the triumphant labors of Dr. Shapter, at Exeter, England, and those that have saved the great lunatic asylum at Bethlehem, England, ever since 1832. But the especial points of the inquiry on this interesting matter will be devoted to home. We prefer this, because the facts can be denied or proven most easily where all of them are best known among living witnesses. To this inquiry we shall devote the next number of this series. In the meantime we urge upon all the necessity of thorough

cleanliness and dryness at home, and in all their surroundings, as the price at which health may be secured.

The question is often asked, with deep solicitude, when we hear that the disease has broken out any where, Are we going to have cholera here? We can enable each one to answer this question for himself. Very carefully examine your premises, leave nothing uninvestigated; then thoroughly know the condition of all your surroundings, for it should be well recognized that, if some neighbor has dangerous premises, you can not be safe. Let each one see that his own house and grounds are dry, airy, and clean, that the contents of his privy-pit are at least three feet below the surface, and in this state of things he may feel perfectly secure so far as his own premises are concerned. Then, if he finds a damp spot where vegetable material is decomposing, let him take the proper steps for removing that. All this being done, he may feel as certain that he has nothing to fear from cholera as he can feel in any earthly matter. In examining his premises he may overlook a source of great danger. The surface may look dry, but there may be water beneath it that may imperil life—if so, drain this water off.

LOUISVILLE, KY.

STRYCHNIA IN ALCOHOLISM.—M. Lecuyé claims that strychnia is to alcoholism what mercury and the iodide of potassium are to syphilis. It cures delirium tremens, diminishes the gravity of wounds and inflammations occurring in drunkards, and wards off epilepsy and alcholic insanity. Alcoholism should not be treated symptomatically by various remedies, but as a general disease; and the agent for so treating it is strychnia, which will remedy all nervous or cardiac, cerebral or gastric disturbances. M. Lecuyé prefers the sulphate, and administers this by subcutaneous injection on account of the usual indocility of these patients and the necessity of acting upon them rapidly. He dissolves thirty centigrams in thirty grams of water; and, according to the gravity of the case, injects the whole or one half of a Pravaz syringe-ful. Not more than a centigram should be injected at once, and this may be repeated, under watchful guidance, every two hours. In some cases one centigram per diem suffices, while in others seven may be injected in fifteen hours without inducing symptoms of strychnism.

Miscellany.

ERRONEOUS OLD BELIEFS.—Mr. E. G. Gilbert, M.R.C.S., in his oration before the Hunterian Society lately delivered in London, declares it as his conviction that sulphuric acid has not only no astringent power in bowel affections, but that it often aggravates diarrheas even in small doses. He does not believe in tonics, and he says that convalescents recover as rapidly and as thoroughly without them as with them. Twenty-one days seem to be the duration of nearly all the cases of enteric fever. Of puerperal fever he says, speaking of the common uniformity in diseases: "Puerperal fever is, I suppose, one of the most variable acute diseases, and of that I have seen very many more or less mild examples; and every one in large midwifery practice will recognize the uniform character of its onset and first symptoms—the rigor at the beginning of the third day after parturition, followed by other rigors, the rise of temperature, the quick soft pulse, the sweating skin, the sub-delirium, the offensive lochia (having always the same smell), and, if the disorder do not soon subside, the diarrhea and tympanites. I often wonder why puerperal fever is so commonly thought of as necessarily a most formidable complaint (as the severe form of it is), when such cases as I have referred to, ending in recovery in a few days or weeks, are so common."

Of teething he says: "Another prevalent theory affecting the daily practice of the general practitioner, and an idea with which I started well imbued, I have had to relinquish as the result of the most careful observation in innumerable instances, and hence can not but suggest that it may be a fallacy despite its wide-spread acceptance. Mistaken ideas do sometimes gain general acceptance when they emanate from a quarter in which mistakes are but seldom made, and tally to a certain extent with our previous experience. I refer now to the suffering and disorders which are supposed to arise from cutting the first set of teeth, and more particularly to convulsions said to occur from teething. I believe that when Dr. Marshall Hall had made his famous discovery of the reflex action of the nervous system, he thought this was the commonest and most striking pathological example of it, and that that belief has continued to the present time. I still always have my gum-lancet about me, but I very

rarely find any child's gums red or swollen, even ever so little, over an advancing tooth; and when I do, it is always in association with some more widely diffused stomatitis; while I still more rarely fail to find distinct, though sometimes slight, evidence of gastrointestinal irritation. In order to make at all sure of this latter point, it is often necessary to cross-examine the mother carefully, and to examine the evacuations personally, while, as to the former, positive evidence on her part is equally unreliable. The statements of women, that their children have convulsions, or diarrhea, or what not, every time they cut a tooth, are utterly fallacious. Most of them think their babies have some tooth about to come through until the last has made its appearance. Infants subject to diarrhea, or cough, or convulsions, have seemed to me to have attacks of these disorders as often in the intervals of dentition as when a tooth was about to emerge. I have often, too, made the experiment of lancing the gum over prominent teeth, to see if such disorders would be influenced thereby, and with a negative result. I never had a child brought to me from pain or irritation in cutting one of the second set of teeth. Is there any reason why this should be painless, if cutting the first is so painful?"

[On these points we are not prepared to express a positive opinion at present. The probability is, however, that Mr. Gilbert is correct, since most things in medicine of general popular belief are untrue. Thought and skepticism are sadly needed even in our profession.]

PRECAUTIONS IN SEA-BATHING.—However suitable as a valuable tonic restorative bathing in the open sea may be in the case of any particular person, the good effects of a sea-bath may be missed if the bather do not give heed to certain well ascertained rules which ought to guide his proceedings. (The British Medical Journal). The good effects of a plunge in the sea are in proportion to the vigor of the reaction which is excited in the bather's body by the shock of immersion. The more marked and prolonged the reaction the better; it should be the bathers object, to quote the words of an eminent physician, to secure the greatest possible amount of stimulation, and to insure as long as possible the persistence of the increased vigor of nutrition. The time of bathing is important. It is a common error to suppose it is best to bathe before

breakfast. The very robust may possibly bathe then with impunity, but, even for them, the practice of plunging into the sea in the early morning, fasting, is not free from risk; while, for the weakly, such course is positively prejudicial. After the long fast of the sleeping hours, the vital functions fall to a relatively low ebb, and they are liable to undue depression from such a severe shock as a cold sea-bath. Neither ought bathing to be practiced immediately after taking a meal; it is then likely to cause troublesome symptoms by suddenly arresting the digestive processes. Probably the best results are obtainable from sea-bathing at a time midway between breakfast and luncheon, that is, from two to three hours after the early morning meal, when the body has been nourished after the fasting of the night, and when the stomach has had time in great part to dispose of its contents. A bather should never enter the sea while under the influence of emotional excitement; if the nervous force be unduly concentrated in any single direction, a sea-bath is likely to produce nervous depression rather than stimulation. A bather should not stand hesitatingly by the water's edge until he becomes cold and shivering, but plunge boldly into the sea at once. It is another popular error to suppose that the skin should be cooled before entering the sea; if the bather be chilled just before his bath, circulatory depression rather than reaction is apt to arise, leaving him with a sense of coldness and weakness rather than of warmth and invigoration. To get its best results, a sea-bath must not be too prolonged. It has been laid down as a rule by a well known authority that no one bathing for health only should remain in the open sea for more than ten minutes. Even a shorter immersion than this will probably best suit all but the strongest persons. The bather must not stay in the sea until the reactive stimulation of his bath has passed away. His object ought to be to excite an energetic reaction, and then to leave the water. From too long immersion in the open sea, the skin becomes unduly cooled, and the circulation and nervous system depressed, so that exhaustion, *malaise*, and shivering are apt to arise, instead of a feeling of renewed vigor, well-being, and warmth.

THE HOME AS A SANITARY UNIT.—No class has done so much for sanitation as the medical profession, and, indeed, it is mainly

by their efforts, aided immediately in mechanical matters by the gentleman who describe themselves as sanitary engineers, that the progress has been effected in public and private sanitation which has resulted in the annual saving of many thousands of lives. (British Medical Journal). This addition we have lately been told, on the highest authority, amounts to a gain of two years added to every individual life, in relation only to the progress of the last ten years. It must, however, always be remembered, and this is a lesson which medical men, who are largely occupied in the homes of the people, as well as being public advisers of local communities, can enforce better than any other persons, that it is to the work of the individual, and to private initiative, that we must look for the major part of the further victories yet to be won. The State can do much in the way of regulation and assistance, but it is for the householder, for the capitalist, for the philanthropist, for the working man, each in his own class and in his own capacity, to realize the vast importance of helping himself and helping his neighbor in this great work.

EXHAUSTED RAILWAY SERVANTS.—With alarming frequency we have lately heard of exhausted railway servants failing to keep awake at their posts. (The British Medical Journal). Last week, on one of the chief and busiest railroads in the kingdom, a disaster was imminent, because an engine-driver and his fireman fell asleep on their engine, in front of the Irish mail. We are informed that an engine had taken an excursion train to Bangor, and was returning with a train of empty carriages to Chester. Just after midnight this train left Llandudno Junction all right, and should have passed Colwyn some minutes afterward, but, as half an hour elapsed and its passing was not signaled, the officials became alarmed. The Irish mail from London to Holyhead was due to pass Llandudno Junction about one o'clock; but, fortunately, the driver saw the lights against him and stopped his train. An inspector went down the line, and found the empty excursion train at a standstill on the rails. The driver and fireman were fast asleep on their engine, and the fire in the fire-box was almost out. Had not the block system been in perfect operation an appalling accident might have resulted, as the mail train runs at great speed from Holyhead to Chester without stopping. It is reported that the driver and fireman who

fell asleep misrepresented at Bangor the time they had been on duty, or they would not have been allowed to proceed on their return journey. This striking instance again makes clear the peril to which the traveling public is exposed from the risk of exhausted railway servants succumbing to fatigue at their posts. The legislature has long ago limited by stringent enactment the hours of toil in our factories, but it still leaves the work of the railway servant unrestricted. If railway companies were liable to legal process for overworking their servants, and not merely for proved damages arising in consequence of such overwork, and if efficient care were taken to render misrepresentation impossible on the part of the railway servants, as to the time they have been on duty, it is not improbable that railway "accidents" might become less frequent. With increasing traffic on our railroads, and with increasing speed in trains, the points to which we have referred urgently demand general and complete revision and safe adjustment.

MEDICAL LIFE PEERS.—The elevation to the peerage of Sir Beauchamp Seymour and Sir Garnet Wolseley, and the granting of a baronetcy to Sir Spencer Wells, are enough to cause thoughtful Englishmen to ask themselves if they distribute their honors and rewards with justice and wisdom. A sailor and a soldier, because they have brought a petty war against a feeble foe to a speedy conclusion, are granted peerages, pensions, decorations, and rewards; while a surgeon, who has raised an operation, which a few years ago was looked upon as an act of butchery, to be one of the most successful in surgery, is given a baronetcy. It is true that this sailor has commanded a fleet, and this soldier an army, each of which has killed a thousand Egyptians; but, on the other hand, this surgeon has saved the lives of a thousand Englishwomen by his own hand. The soldier and sailor have had distinctions showered upon them by a Christian nation, that mockingly prays, to the Almighty, "Give peace in our time, O Lord," while it glorifies war in the persons of those who carry it on, and selects them as the fittest men in the nation to produce a race of hereditary senators.

Which of these three men have done most for the good of England and the human race? Which should have had the greatest honor done them? How long will the noble profession of medicine allow itself to be passed over with cold disdain, while

soldiers, sailors, lawyers, clergymen, porters, brewers, and even secretaries to prime ministers are made peers of the realm? Are there not among our leaders men who would confer more honor on the peerage than the peerage could confer on them? Life-peerages, and not baronetcies, are the only just rewards of our foremost men.

As this is not a subject that the heads of the profession can take up, it remains for the members of our Association in their Branches to agitate for this reform.—*British Medical Journal*.

THE CHOLERA IN EGYPT.—Not a single death has occurred from cholera among the British troops in Egypt. Abundant supplies of antiseptics were already on the spot, and additional stores have been forwarded. The epidemic is almost wholly confined to Damietta and the surrounding lowlying district, as shown by the telegrams published further on. As far as can be seen at present, the panic which has spread over Europe, and especially in France and Spain, is not justified by the actual amount of disease in Egypt. As regards the treatment of the outbreak if it spreads to the British troops, the same precautions will be observed as under similar conditions in India.

A VICTIM TO PROFESSIONAL DUTY.—On June 8th, the profession in Russia suffered a severe loss in the death of Dr. Dubrovo, the editor of the Annals of the Moscow Chirurgical Society, who sacrificed his life while fulfilling his noble duty. On June 2d, he was called upon to perform tracheotomy on a diphtheritic girl. He became infected by the sudden coughing out of diphtheritic membranes from the patient's larynx. Six days later he died of diphtheria.

BODY TEMPERATURE IN DIFFERENT SITUATIONS.—Dr. Henry L. Taylar, in New York Medical Record, writes that the difference between the axillary and rectal or vaginal temperature in typhoid fever, while usually about a degree higher in the latter situation, may vary as much as 2° F., sometimes in favor of the axilla, sometimes of the rectum or vagina.

METEORIC DUST.—A metallic substance in powder or small granules has been sent to the Science News laboratory for examination. It proves to be meteoric dust, largely composed of iron, nickel, and silica. Dr. Batchelder, of Pelham, N. H., who sent the

specimen, states that he collected the dust on the walk in front of his house after a smart thunder-shower. It is probable that large quantities of this material fall upon the earth, but remain unnoticed. Much of the iron found in soils is due to precipitation from the interstellar spaces, the particles becoming entangled in our atmosphere.—*Popular Science News.*

PROLONGED GESTATION.—Dr. E. M. Reid relates the case of a patient who bore a child after a gestation lasting two hundred and ninety-five days, at least. *Circumstances were such that the parents were separated during that period previous to the birth of the child.* Dr. Reid is of the opinion that the prolongation of the gestation was produced by the fact that in its course the patient had several copious hemorrhages, viz., on the 177th, 183d, 189th, and on the 213th day another very profuse hemorrhage took place.—*Brit. Med. Jour.*

[The italics in the above are ours. Dr. Daniel Drake, when Professor of Theory and Practice in the University of Louisville, used to tell the students of a striking example of the power of habit. A woman of his acquaintance in Ohio had for a long time borne a child to her husband every year. She continued this habit for two years after her husband's death. This might be called an instance of parturient cachexia.]

ROWDYISM BY STUDENTS AT THE EDINBURGH THEATER ROYAL.—We regret to state that the Edinburgh students have again been distinguished by highly unbecoming conduct at the Edinburgh Theater Royal. In the course of a performance by Miss Palmer, a talented young American actress—who, we fear, must have formed strange impressions of Scotch students—a scene of riot and ill-mannered buffoonery ensued. These gentlemanly youths yelled and mimicked actors and actresses alike. With their pockets loaded with peas and gravel, they pelted the occupants of the stalls and stage, until, becoming enraged, the other occupants of the gallery set upon them, and a free fight followed. Ultimately nine of them were arrested and lodged in the police-station for the night, and the performance was allowed to proceed after a delay of twenty minutes.—*Ibid.*

THE AMERICAN MEDICAL ASSOCIATION JOURNAL.—The Kansas and Missouri Medical Index says: "We believe it is a univer-

sal opinion among such as are familiar with medical journalism, that the effort about to be made to publish a weekly journal under the auspices and control of the American Medical Association will be a failure. We repeat this as a largely prevailing opinion." Brother Dickman, did it never occur to you that such sentiments as these expose you to the charge of "Ishmaelitism?" We must be extremely careful how we express ourselves on such subjects. Any thing but fulsome flattery is very apt to be construed as enmity in certain quarters.—*Medical Age.*

SEA-WEEDS AND LAND-WEEDS.—London papers say that "the secretary to the Royal Botanic Society recently tried the novel experiment of planting sea-weeds in ordinary earth. It would naturally be supposed that these 'flowers of the ocean' would not flourish away from their native element; but this is not the case, most of the specimens planted having grown admirably in soil which is constantly kept in a moist condition." The result is both curious and suggestive.

IMPURE DRUGS.—The man, Lacante, a wholesale druggist, who has been convicted of adulterating the quinine which he supplied by contract to the Paris Hospital, has been condemned to a year's imprisonment and a fine of fifty francs, and the insertion of the judgment at his own expense in a number of the leading newspapers. In many of our hospitals—most of the leading ones, we believe—the purity of the drugs is carefully tested by the chief dispenser. Is it done in all?—*Brit. Med. Jour.*

URTICARIA AND ASTHMA FROM RABBIT. A young lady at dinner, apparently in good health, partook of some rabbit, and in ten minutes or so after she was attacked with acute urticaria, showing large erythematous patches and weals very prominent on face and neck. She then was seized with violent attacks of spasmodic asthma, which obliged her to leave the table. I inquired if she had ever suffered thus before, and she informed me she had after eating hare. I have seen several instances of urticaria, and one case in conjunction with spasmodic asthma, after eating hare, showing this peculiar idiosyncrasy in individuals to certain articles of food.—*Dr. James Startin, in the Lancet.*

THE weekly issue of the British Medical Journal is increased to 11,500 copies.

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Vol. XVI. SATURDAY, JULY 28, 1883. No. 4.

LUNSFORD P. YANDELL, M.D., - - }
L. S. McMURTRY, A.M., M.D., - - } Editors.

A Journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price \$3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITORS OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

Subscriptions and advertisements received, specimen copies and bound volumes for sale by the undersigned, to whom remittances may be sent by postal money order, bank check, or registered letter. Address

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A CHANGE.

The readers of the NEWS will observe with regret that Dr. McMurtry has severed his connection with this journal. For nearly a twelvemonth Dr. McMurtry has labored earnestly and industriously as one of the editors of the NEWS, and the good work done by his fluent pen has been complimentarily recognized by the medical press in frequent quotations from his editorials. It is but just to say in this connection that Dr. McMurtry has written the major number of the editorials of the NEWS during his connection with it. In parting with our colleague we wish him the highest success in all his undertakings, and though no longer co-editor of the NEWS we hope he may be a frequent contributor to its pages.

Dr. Cottell takes Dr. McMurtry's place on the NEWS. As an editorial associate of the late Prof. Cowling, and subsequently of Prof. Holland, in the editorship of the NEWS, Dr. Cottell gained an enviable reputation. Our new associate is an experienced physician, an ardent scientist, a thorough scholar, a forcible and attractive writer. We are most fortunate in securing the services of so able a co-editor, and we confidently promise our readers that the NEWS in all its departments will be conducted as it has been heretofore, with an eye single to the best interests of the profession.

VALEDICTORY.

With this number the undersigned retires from the editorship of this journal. Almost a year has elapsed since the responsible and exacting duties connected with the position were assumed, and the readers of the NEWS must judge as to the fidelity with which the trust has been discharged. In these labors the writer has been actuated solely by an earnest desire to make the journal of real practical value to the medical practitioner and to promote the interests of the medical profession. With a genuine love for the work, he has endeavored to discharge these duties conscientiously, appreciating the responsibility and looking always to the worthy purposes to be subserved. In taking leave the writer can not but express his appreciation of the aid and support which have been so freely extended by members of the profession to the Editors of the NEWS, and which have contributed in great degree to whatever of success has been attained. To the members of the medical press he is under obligations for many acts of courtesy and kindness, and to the publishers and printers of the NEWS, acknowledgment is due for their uniform courtesy and co-operation.

This change will in no manner affect the efficiency and usefulness of the journal, since my colleague, Dr. Lunsford P. Yandell, will continue to give to the work those services which have made him so widely and favorably known in connection with medical literature. In these labors he will be aided by Dr. H. A. Cottell, who by former connection with the NEWS has demonstrated his fitness for the work.

Thus it will be seen that the NEWS will continue in the hands of its tried friends who are eminently capable of maintaining its excellence and extending its influence. It seems almost needless for the writer to add that his best wishes will ever remain with the NEWS, and he would ask those good friends, for whose oft-repeated kindly acts and encouraging words he feels most

grateful, to continue their support to a cause in which his best sympathies are enlisted.

L. S. McMURTRY.

FOOLISHNESS.

A writer in the British Medical Journal attributes the frequency of stone in the bladder occurring in the inhabitants of certain regions of India to their habit of squatting in micturition. Were this position productive of vesical calculus, women should every where be thus afflicted.

When the shower of stars, as it was called, occurred some scores of years since, a citizen of Lexington, Kentucky, accounted for it by the numerous rope-walks then in operation there.

A writer in the New York Medical Record urges that fine sand is good for dyspeptics to take, since the quadrupeds and fowls who all get much dirt in their food suffer little from dyspepsia. He claims to have gotten excellent results from giving fine sand to his patients. Bearing on this subject is the nursery proverb, "We all have to eat a peck of dirt before we die;" also the comment on the timid man, "He needs sand in his gizzard." We once knew a lunatic who frequently ate roasted buckeyes and followed them by a number of gravel, to grind them up, he said.

A writer in an exchange writes as follows:

Seeing an article in the — in regard to the efficacy of oxide of zinc in eczema, the virtues of which I can fully attest, having used it with a greater degree of success than all the other remedies. I have even tried using it in the *form of ointment*, and also in the powder, . . . and in cases of small children giving *large doses* of calomel, giving a dose each night at bed-time for several nights in succession, followed in the morning with castor oil; then prescribing it every other night, regulating the dose *entirely* by the degree of its cathartic effect, using no other internal remedy.

The diet consisting of dry bread, lime-water, and milk, and just merely in such quantities to satisfy the cravings of hunger when called upon by the patient—young or old—letting them dwell on or within the boundary line of starvation.

Exercise in the open air with bare head, so that the entire body will be enveloped by the rays of the sun. In other words, abandon hats, bonnets, parasols, umbrellas, top-buggies, or any thing else that will exclude the sun's rays when it can with any degree of propriety be done.

I do not say this course of treatment is infallible, but it is the best I have ever tried and I fully believe in the majority of cases will be found *very efficacious*.

Noticing the writer's commendation of oxide-of-zinc ointment and calomel in the treatment in eczema, one wonders if the Ohio man ever tried quinine in intermittent fever or water for thirst. His diet is absurd and horrible. His sun-bath it is to be feared he has used on himself to his sore cerebral derangement.

That snakes may be developed from horse hairs in water, was declared probable in an editorial in one of the English medical journals some months since.

A Michigan doctor reported, in Detroit Medical Journal, a child crying before his head was out of the womb; and an Australian doctor reported that a lot of canibals were poisoned and died from eating a man who had syphilis. Many of the journals copied these last two literary curiosities without any expression of incredulity.

"Hyrtl, the anatomist," says the Weekly Medical Review, "regards the tartar which collects on the teeth as the natural means intended for their preservation, the dentists to the contrary, notwithstanding."

These are on a par with the statement in some of the ancient *materia medicas*, that the leaves of the sweet flag, placed under the couch of the parturient woman, will promote the expulsion of the fetus, and that the leaves must at once be removed on the birth of the child lest they cause the expulsion of the womb also.

Nothing is too absurd for some one to assert, and nothing is too silly for many to believe. The journalist who allows, through carelessness or ignorance, error to pass unchallenged, is guilty of a grave offense against science.

Bibliography.

Journal of the American Medical Association.
N. S. Davis, M.D., LL.D., editor. Chicago, Ill.

The first copy of this journal is before us. It contains thirty-two pages. It is not imposing in appearance, as we had rather expected the "Official Organ of the American Medical Association" to be; but it is not pretentious. It is modest, mild, and thoroughly genteel. Its first seventeen pages are occupied by the Association's proceedings at its last meeting. Following these are two brief articles by Chicago doctors. Then come several pages of translations from French, Italian, Algerian, and Spanish journals, to which are added extracts from Irish, Scotch, Canada, and American journals. Half a page is placed under the heading "Editorial." A Philadelphia letter, chiefly made up of the Philadelphia Medical Society Proceedings of *June 20th*, takes a page and a half; a Washington letter, suggesting a Medical Benefit Society, covers half a page; some proceedings of the Chicago Medical Society of *May 7th*, relative to "Medical Teaching and Licensing to Practice," fill nearly a page; and the last page contains eight items telling when certain medical societies met, who they elected president, and when they will meet next year, and gives four medical college items, and concludes with the acknowledgment of two books received. The editor declares his intention to secure a full corps of medical correspondents, and announces that "many original papers and communications besides those coming from the National Association will be needed" to fill the journal. The editor has our best wishes and most cordial sympathies in the trying work before him. New enterprises are all more or less hazardous and in this irreverent, not to say iconoclastic age, no man, however pure and noble and philanthropic and venerable and gifted, is safe from severe criticism. The work of the public man, whatever be his worth, is a target free for all tongues and pens to try themselves on. In the army of medicine as in that of Mars, the age of the soldier goes for nothing, either in helping to promotion or in preventing abasement. Capacity for the work in hand is the only necessary equipment recognized. The cause and not the man is considered. The distinguished editor of the National Journal will find the News a true friend and an honest critic, ever wishing well to him and his in all things.

Hand-book of Electro-Therapeutics. By Dr. WILHELM ERB, Professor in the University of Leipzig. Translated by L. PUTZEL, M.D., Neurologist to Randall's Island Hospital, etc. June number of Wood's Library of Standard Medical Authors. New York: William Wood & Co. 1883.

This work, which is a series of thirty-six lectures, is divided into five parts. Part first (physical) considers the kinds of electricity, accessory apparatus, and the laws governing the diffusion of the current, with their application in electro-therapeutics. Part second (physiological) discusses the effects of electricity on the healthy living body. Part third is devoted to methods of electrical examination and electro-diagnosis. Part fourth to general electro-therapeutics, and part fifth to special electro-therapeutics.

The treatise, though concise, is sufficiently full for a careful survey of the subject in hand. It may be thought somewhat too learned and technical for the general practitioner, and indeed much of the first and second parts of the work is profound and abstruse; but, in the parts which follow, the practical side of the subject has received such attention as to render the book especially attractive to those who do not make electro-therapeutics a matter of special study. A short description of the symptoms of each nervous affection, with a statement of its pathology so far as known, prefaces each paragraph on electro-therapy. These, with reports of cases treated by the latest approved methods of the art, give the work a most useful and practical turn.

Though electricity in medicine has long been left to the specialist, and even in his hands made to do service in but a limited sphere only, still not a few doctors keep batteries which they occasionally use. Such physicians will doubtless appreciate the advantage of having at hand, in cheap form, a compact volume containing all of importance known of this subject up to the present time.

The book, therefore, can not fail of usefulness, and Messrs. Wood & Co. do well to give it wide circulation through one of their most popular series of medical publications.

A CLINICAL STUDY OF SYPHILIS OF THE EYE AND ITS APPENDAGES. By Leartus Connor, A. M., M. D., of Detroit, Michigan. From the American Journal of the Medical Sciences. April, 1883.

Correspondence.

LONDON LETTER.

Editors Louisville Medical News:

To speak of the hospitals of London and the men connected with them, in detail, would certainly be a very arduous task, therefore, what I shall say may appear somewhat like Mark Twain's "general remarks," "a little spotted."

There are six exclusive eye-hospitals in London, and they, like every thing else in England, are not complete without *royal* attached to their names in some way: for instance, Royal London Ophthalmic Hospital, Moorfields; Royal London Ophthalmic Hospital, Central; Royal Westminster Ophthalmic Hospital, etc.

The first mentioned hospital is considered, I believe, the largest exclusive eye-hospital in the world. The clinics there are enormous—too many patients for even the capacity of the hospital and large numbers of surgeons and assistants; in consequence of which, I am sorry to say, a great number of patients are hurried through without proper examination and treatment. As an illustration, I was standing, a few days since, at the desk of one of the leading surgeons of the hospital, whose name is not unfamiliar in America, when a patient's trouble was diagnosed "phlyctenula," and prescribed for accordingly as she was hurried past without being touched or allowed to stop. At my request, a thoroughly competent and experienced ophthalmologist from America followed the patient into another room, where she was examined and found to have no phlyctenula, but a pterygium of six or seven years' growth, extending over one third of the cornea.

On the other hand, Mr. Nettleship is very careful, very exact, and very slow; usually giving twice as much time to the same number of patients as is given by any other surgeon at the hospital.

Dr. Adams is a young man, and by far the nicest and most dextrous operator of the entire staff.

Mr. Couper is the most reckless operator—very seldom using the speculum or fixation forceps when doing a cataract extraction or iridectomy—using nothing but the knife.

I have seen Mr. Lawson, Mr. Tweedy, and Mr. Nettleship, each, do successfully the new operation for entropion; simply dividing, as near the hair bulbs as possible,

the tarsal cartilage (?) freely, from one canthus to the other.

Jequirity has been in use at the hospital for the treatment of trachoma for some time past, and the report of the house-surgeon shows the results to be very satisfactory. The surgeons at this hospital, as at most of the hospitals in London, are forced to retire at the age of sixty. Under the above provision, Mr. Wordsworth has just retired, and there is considerable speculation as to who will succeed him. I think Mr. Gunn is the probable man. Mr. Morton, author of *Morton on Refraction*, is the best man for the place and should have it, but as he does not hold a fellowship at an English university he has no chance at all; another instance of English bigotry—for he holds a fellowship at Edinburgh, which is certainly more desirable than that of any university in England.

WM. HARVEY HARDISON, M.D.

Selections.

CONDENSED MILK AS FOOD FOR INFANTS. Dr. F. Dawtrey Drewitt, M.A., M.D., assistant physician to the Victoria Hospital for Children, and to the West London Hospital, wisely writes, in the *Lancet*, as follows: Every one who has had any thing to do with the crowds of sickly, ill-fed children with which London abounds must be aware that not only during the prevalence of that most fatal illness, summer diarrhea, but through every month in the year, a large amount of infantile life is continually being saved by its use, and it would be a matter for regret if condensed milk should be condemned by those who have not yet attempted to give it a fair trial. The commonest objection to it is that it is too sweet. Of course it is very sweet; and in spite of our instinctive liking for sweet things, whether ripe fruit or raisins, chocolate or sugar-plums, an instinct which is so marked in childhood, few persons would think of giving a baby condensed milk when the mother had milk enough of her own and was able to suckle the child. But, on the other hand, cow's milk is not sweet enough, and when compared with human milk is very indigestible. It can only be made at all a possible food for babies by adding to it sugar and water and so making it more like condensed milk, but even then it is not so digestible as condensed milk; and it is not difficult to see

the reason. Place some cow's milk with its added sugar and water in a wine-glass, mix in another glass some condensed milk with water till it has, as far as one can judge by eye, about the same consistence and opacity; stand the two glasses side by side, and add to each, as the stomach does, a few drops of dilute hydrochloric acid and watch the result. They both curdle, but the curd formed in the wineglass of condensed milk is distinctly more friable, more mixed with the watery part than the curd in the cow's milk; and after standing for some time this is still more evident, for the curd in the fresh milk separates completely from the fluid into a firm clot, while in the condensed milk it remains more granular, more broken up, and more mixed with the fluid. And except among the very poor, who can not afford to buy cow's milk, it is this hard clot of cow's milk which is, more than any thing else, the *fons et origo* of that only too well-known incessant cry of dyspeptic hand-fed babies, and of all the vomiting and diarrhea which so often carry them off—that hard, indigestible clot, of which there is so little in human milk, and of which the analytical reports say with precise truth, as they might of a dinner of cheese, that is so “nutritious,” so full of “nitrogenous matter.” And it is actually because of the small proportion of clot or casein which condensed milk contains that the second objection to it is made by the analysts. This clot or casein, is so much the bane of hand-fed infants that the addition of oatmeal-water or gruel to cow's milk, even before the child is able to digest any starchy food at all, often makes the milk more digestible, for the simple reason that the suspended particles in the oatmeal-water are interspersed with the coagulum which is formed when the milk enters the stomach, and so help to make it soft and friable, just as water-weeds frozen into ice make the ice brittle and dangerous to skate upon.

Condensed milk, of course, varies in quality, and it is important not to use any of the common cheap kinds.

Then as to condensed milk causing rickets, I can only say that I have found it very difficult to trace rickets to condensed milk properly given. Most hand-fed children are delicate, a very large proportion die, and a still larger proportion have some tendency to rickets. Oatmeal and other gruels seem to be directly concerned in bringing it about; but though I have seen very many children who have had to change their diet to con-

densed milk, I have seen none who have thereupon become rickety.

Every thing depends upon how condensed milk is given. It ought to be diluted with ten or twelve times its bulk of water, or with more than that if the child is thirsty; and if any tendency to sickness remains, about one sixth of the water ought to be lime-water, which still further neutralizes the action of the acid of the stomach and delays the formation of the clot. The water should be boiling when added to the milk, especially in the summer. It gets rid of the infusoria in bad water or in a long-opened tin. Once a day a tea-spoonful of Mellin's food may be given with the milk. It is one of the best of the semi-digested foods, and children like it. With such a diet infants who at once vomit cow's milk, who keep their knees drawn up in pain, who are wasted and wretched looking, are in danger of dying from diarrhea, become contented and happy, rapidly gain flesh, and are able after a time to begin a little weak cow's milk and water or whey. And it is thus as a bridge across a bad time that I consider condensed milk to be of the greatest importance; but the bridge may extend over some months, and in the meantime the irritability of the intestinal tract subsides, and other forms of nourishment can be gradually administered.

COMPLETE SUPPRESSION OF SALIVA AFTER MUMPS.—A case of this rare trouble is reported by Mr. A. St. C. Buxton, in the *Lancet*: A lady of middle age contracted mumps. After the acute inflammation of the salivary glands had subsided, and all pain and swelling had disappeared, I was called to see her. She spoke with great difficulty, and was forced to sip water at very short intervals in order to be able to speak at all. Ever since pain in the parotids and the submaxillaries had vanished her mouth had remained persistently quite dry.

I found her tongue, gums, cheeks, palate, and pharynx—in fact as much as it was possible to see of the mouth and throat—in a fearfully dried state. The tongue was thickly coated with a tough brown fur, which was horn-like. So hard was it that on striking it gently with a metal probe a distinct sound as of tapping the cover of a book with a cedar pencil was produced. The rest of the interior of the mouth was also extremely hard, and she experienced great stiffness in opening and closing the jaws. No swelling or tenderness on pressure existed about the

salivary glands, and the orifices of Steno's and Wharton's ducts were plainly seen. It is needless to say that she retained no sense of taste. She complained of the heat felt in the mouth, but the temperature was quite normal. Her sleep was greatly disturbed at night, and she awoke at short intervals with the most intense longing for cold water; but drinking afforded no relief. It was evident that something must be done soon to excite the flow of saliva, for the patient had been in this condition for nearly three weeks, and was in the lowest depths of despair and misery. The next step which I took, was the application of a continuous current of electricity generated by a thirty-cell battery (pint cells) of the Leclanché type. I introduced a very fine silver probe into Steno's duct on one side, and pushed it gently on until I met with obstinate resistance to further entrance. The probe had then entered the duct about an inch. My assistant held the positive electrode firmly to the nape of the neck, while I cautiously applied the negative pole to the free end of the probe. I instantly noticed a contraction of the fibers of the buccinator, but as no pain resulted I fixed the wire to the probe and allowed the passage of the current to continue for ten minutes. While the probe was in the duct a thick white liquid oozed from the orifice. It looked something like pus. On removal of the probe a single drop of clear saliva followed it. Thinking that it was just within the bounds of possibility that a small abscess had existed somewhere about the duct and had been overlooked and the probe had simply opened it, and so cleared the obstruction to the flow of saliva into the mouth, I determined to thoroughly explore the other Steno's duct and both Wharton's ducts before applying the current again. I passed the probe into all three remaining ducts as far as possible, removed it, compressed and squeezed the parts, but no pus followed. I repeated this again, but without finding a trace of pus. I then applied the current as before, with precisely the same result as in the first instance. I had the satisfaction of seeing four drops of saliva, one at the orifice of each duct. I visited my patient an hour afterwards, and a gentle flow of saliva was discernible from each duct. For three days the quantity steadily increased, without any further use of the current, and at the end of that time almost the normal amount was being poured out. The mucous membrane lining the mouth and the tongue was rapidly resuming its natural appearance. I have not seen my

patient since, but I received a letter two weeks later stating that she had greatly improved; that the tongue was feeling quite comfortable, and that she was able to taste. A somewhat similar case is mentioned in the London Medical Record, 1877. The suppression of saliva resulted on that occasion from tonsillitis, and the flow was restored by stimulation by continuous current "frequently reversed." I did not reverse my current, preferring to submit the glands to the continued action of the negative pole. I find no mention of the condition in any medical work in which I have searched, including Quain's Dictionary of Medicine.

[Numerous remedies, such as jaborandi, iodides, mercurials, etc., were tried and proved utterly useless.]

THE TONGUE.—Excerpts from a recent clinical lecture by Mr. Jonathan Hutchinson (Medical Press): As I have just hinted, the conditions which favor the development of fur on the tongue, are briefly those of rest. If we can fully realize this fact, it will help us to the explanation in a very simple manner of most of the morbid conditions of the tongue met with in acute diseases. When the tongue is quiet the papillæ grow freely, their hairs accumulate epithelium, and on the epithelium colonies of micrococci flourish. Large allowance must be made for individual peculiarity, for it is only in those whom the filiform papillæ are abundant and large that any development of fur can possibly take place. It is well known that most persons have more or less coated tongues before breakfast, and that the taking of a meal rubs off the fur and cleans the tongue. It is also well known that when the tongue cleans, it usually does so from its end and sides, leaving the middle of the dorsum and especially the posterior part still covered. The explanation of this is easy, for the parts which clean first are precisely those which are most rubbed against the teeth and hard palate.

It is very common to see tongues which do not clean in the manner just described, but in which one longitudinal half of the tongue is clean while the rest is furred. In these cases the line is never abrupt in the middle, but it is usually to be noticed that considerably more than half is clean and less than half, as it may be a mere streak on one side, remains furred. The explanation of this condition is, I believe, always to be found in the fact that the patients in whom

it is observed eat chiefly or only on one side of the mouth.

It does not matter in the least what the cause of the one-sided mastication may be, whether there is a tenderness or the absence of teeth, the result is just the same. If a patient eats on one side only of his mouth, he rubs that side of his tongue much cleaner than the other. I am of course aware that one of my distinguished predecessors in this chair, the late Mr. Hilton, an observer and a reasoner from whom I would differ with great diffidence and reluctance, propounded another theory, and that his suggestion has been widely accepted.

Mr. Hilton's observations of the facts were exactly the same as my own, at any rate thus far, that he noticed those who had aching or tender teeth got the tongue furred on the side of the bad tooth. His explanation was that the fur was produced in a reflex manner through the influence of the fifth nerve, and was an instance of disturbance of function and nutrition by nerves.

Apart from the consideration that it is desirable to avoid calling to our aid nervous disturbances, concerning which we can prove nothing when they are required, I must contend that the simple mechanical explanation which I have given covers the whole ground and accounts for a large number of cases which the other would fail to explain. It is certainly not the fact that painful teeth are present in all cases of unilateral furring of the tongue. In many, I think in the majority, the condition is rather the absence of teeth.

SPECTACLES FOR CHILDREN.—In a paper read at the meeting of the South Carolina Medical Association (*The Medical News*) Prof. Chisolm answers the objections which have often been raised against allowing children to wear spectacles. Experience shows us, he observes, that the eye often varies much from the perfect type where vision can be comfortably enjoyed at any distance, the muscles of accommodation adapting the lens so as to keep the focus always on the retina. What is called accommodation or ability to change the focus is a muscular act, which, by taking off pressure from the front of the lens, permits its inherent elasticity to give its surfaces greater convexity, and therefore greater focusing power. When these muscles are temporarily enfeebled by diseased conditions of the system at large, they do not lift off sufficiently the flattening pressure of the sus-

pensory ligament; or they are too weak to keep up their continued action. Hence it is that sick persons, with weakened muscles, can not read so long, nor with the same comfort as when well and strong. Magnifying spectacles for temporary use will thus enable persons to read while tonics are being administered. We often find children recently recovered from scarlet fever, measles, diphtheria, whooping-cough, or any of the depressing diseases of childhood, unable to study as they did before. In a little time the eyes seem as strong as ever, but a very few minutes will cause letters to run together, and the print becomes blurred. This is not a failure of the retina or of the nerve, but of the muscles acting on the lens. Weak magnifying spectacles, by helping the muscles to do their work, will enable weak children to continue their studies until their strength is restored. If children, either by inheritance or acquisition, have myopic or hypermetropic eyes, where can be the propriety of allowing them to go through life as if in a constant fog, when properly selected glasses clear up the mist and enable them to see as others do?

THE TRUTH ABOUT ANTISEPTICS.—Dr. Martin, of Massachusetts, in opening the discussion before the American Medical Association in the section on surgery, remarked that in fifty years he believed Listerism would only be regarded as one of the curiosities of medical literature. By Listerism he must be understood to refer to the "destruction of bacilli," regardless of any other co-existent uncleanness. He believed in general cleanliness in the treatment of wounds. He further referred to Ambrose Paré's experience in French campaigns, where the wounds of the higher officers, who had all possible care and surgical oversight, proved far more fatal on the average than those of the common soldiers, whose injuries remained uncared for for days at a time, lying as they did utterly apart from all assistance at the spot where they happened to fall on the field of battle.

[Such was our experience in the Confederate States Army. The officers with the best housing, dressing, feeding, etc., fared worse than the private soldiers under trees or tent-flies.]

EXOPHTHALMIC GOITRE.—Dr. William Moore, President of the Academy of Medicine in Ireland, said, in the *Medical Press*, that, although the disease was almost pecu-

liar to females, he recollected three cases occurring in males, the course being short—not quite eighteen months. He had seen it run on for eight or ten years in females. He instanced a remarkable case in which symptoms of exophthalmic goitre occurred temporarily from sudden shock. A young girl opened a letter telling of her brother's death. Her pulse became 140°, with exophthalmos and thyroid enlargement. In forty-eight hours the exophthalmos receded, and her pulse fell to normal. To him the disease appeared to be of neurotic origin.

MIXED MILK BETTER THAN THAT OF A SINGLE COW.—Dr. Knut Hoegh, in the Wisconsin State Board of Health Report, writes: "It is a common belief that the milk of one cow is more conducive to the baby's health than the mixed milk of a herd, but the best informed and most experienced physicians no longer entertain this idea. The milk of a whole herd is likely to approach the average milk more closely, and to be more uniform in composition than that of a single cow in which accidents of feeding, fatigue or ill-health, may cause a deviation from the normal standard."

[Dr. Henry Pye Chevasse, of England, urged this in a book on children, which we reviewed a number of years ago in the *American Practitioner*. Of its correctness we have no doubt. This was the sole suggestion of any value contained in the book.]

INSANITY IN A CHILD.—The *Alienist and Neurologist*, April, 1883, says that a six years ten months' old child is reported by Berner (*Norsk Magazin for Lægevidenskaben*, Bund xii, Hefte 3) to have been attacked by melancholia. The patient was desirous of solitude, very restless and unquiet in slumber, and had hallucinations of sight and hearing. There were at times paroxysms of markedly painful depression. Hereditary history was uncertain, and the patient recovered in a month.

MALARIA IN ITALY.—A fact worthy of notice is that malaria has increased in its ravages consequent on the construction of railways, owing to the great increase of stagnant waters caused by the excavations executed. On some lines of railways which traverse wild solitudes, even the most robust employes are found to be unable to resist the malarial fevers, and a line is referred to which loses annually thirty six per one thousand employes.—*France Médicale*.

THE SWEATS OF PHTHISIS.—Dr. Landouzy employs a powder consisting of ten parts, by weight, of salicylic acid to ninety of talc or starch. Those parts of the body which are habitually the most frequent seats of the sweating are powdered twice a day. Almost always it gives temporary relief; and sometimes the amelioration persists for some days after the application has been discontinued.—*Jour. de Thérap.*

THE PREPARATION of Prof. Olmstead, of Yale College, for the preservation of scientific apparatus (*Popular Science News*), admits of a wide application, and should be generally known. It is made by melting slowly together six or eight parts of lard to one of resin, and stirring until it is cool. Rubbed on a bright metallic surface, it protects the polish effectually. It can be wiped off nearly clean, if it is desired, as in case of knife blades, or it can be thinned with coal oil or benzine. The surface should be both bright and dry, as it will not prevent the continuance of oxidation already begun.

TO PREVENT THE HAIR FALLING OFF.—The *Linimentum Crinale* is one of the best preparations for this purpose. Its formula is, cantharidine, one grain; acetic ether, one fourth ounce. Dissolve, and add rectified spirit, three ounces; castor oil, one ounce; oil of lavender, fifteen minims. Some prescribers order the addition of more spirit. The application to be made with a small sponge every third day. After applying it a few times the head should be washed, or the application may accumulate and cause too much irritation.—*Popular Science News*.

FOR CHRONIC CONSTIPATION.—Mr Hans M. Wilder says, in the *Druggists' Circular*, that, having for many years used almost every cathartic with only temporary benefit, he at last tried the following: One drop—not more—of tincture of belladonna, U.S.P., morning, noon, and night, in half a tumbler of water, and that within one week the bowels began to move regularly.

THE ANCIENT AND THE MODERN DOCTOR. In the last century the physicians were men of learning, and posed themselves as such. The wig and the gold-headed cane proclaimed the doctor a man of medical skill perhaps, of medical erudition certainly. Now the doctor is a man of the world. He studies human nature and his patients rather more than his authorities.—*Medical Record*.